



Kidney Transplant

Please answer all questions applicable to the client's medical history.

Producer Name _____ Phone _____ Date _____

Client Name _____ Date of Birth _____ Male Female

Face Amount _____ Max Premium \$ _____ /yr. Term Permanent

Has the client ever used any form of tobacco (cigarettes, cigars, pipe, snuff, etc.)? Yes No

Frequency _____ Date of last use _____ Type _____

Date(s) of transplant(s) _____

Cause of the end stage renal disease which led to the transplant

- Diabetes Polycystic kidney disease
 Glomerulonephritis Systemic lupus erythematosus
 Nephrosclerosis Other _____

Source of the donor kidney

- Cadaver Living donor
 Identical twin Living related donor

Most recent kidney function test results

BUN _____ Serum creatinine _____
GFR _____ Urinalysis _____

Select all that have occurred

- Cancer Date _____ Details _____
 Cardiovascular disease Date _____ Details _____
 Disease recurrence Date _____ Details _____
 Frequent infection Date _____ Details _____
 High blood pressure Date _____ Details _____
 Rejection episodes Date _____ Details _____
 Toxicity from treatment Date _____ Details _____

Date of last appointment with Nephrologist _____

Name of Medication (prescription or otherwise)	Dates Used	Quantity Taken	Frequency Taken

List any other major health problems the client has:

Questions?

Please call your McGill Brokerage Marketing Team at 800-279-0751.